| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 005657 | A. BUILDING: _____ B. WING _____ | 09/08/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SANDERS GLEN | 334 S CHERRY ST WESTFIELD, IN 46074 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for a State Residential Licensure Survey.<br><br>Survey dates: September 7 & 8, 2016<br><br>Facility number: 005657<br>Provider number: 005657<br>AIM number: N/A<br><br>Residential Census: 107<br><br>Sample: 7<br><br>Sanders Glen was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.<br><br>QR was completed by 99993 on 09/08/16. | R 000 | | |